

41 Perimeter Center East, Suite 250 Dunwoody, Georgia 30346 P (678) 382-6700 F (678) 382-6701 dunwoodyga.gov

2011 Occupational Tax Certificate Application

	Business Name:		DBA Name:		Account #:		
Business Information	Dominant Business Activi	ty:	1			NAICS Code:	
3usiı forn	Address/Location:					Telephone Number:	
In	Bill To/Mailing Address:						
	City:		State:		Zip:		
	Ownership Type: () Association	() Corpor		rship	() Single Owr	ner ()LLC	
	Applicant's Name:		Owner/Agent's Name:				
	Owner/Agent's Address:						
	City:	State/Zip:		Email:			
on	***Applicant must provide copies of Georgia driver's license or other governmental issued photographic Identification with application (Passport, Military ID, or Georgia driver's license).						
Contact Information	Will this be based out of your home? (yes/no)						
orn	***If "yes" you must attach a "Home Based Supplemental Form" to this application. Will your business be an adult entertainment establishment (sexually oriented business) as defined by the						
[nf	Dunwoody City Code or does (will) it offer any form of adult entertainment? (yes/no) Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business						
묶							
tac	yes, attach written explai		spended, or revoked within	the past t	weive (12) mon	tns? (yes/no) ***If	
Cor	Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.						
	2011 Projected Actual Dun	woody and	Georgia Gross Receipts \$		\$20,000 X _	\$	
		•			Χ	\$	
	Employee Fee (at least one				^		
			essionals paying optional \$40		^	\$125.00	
	Base Fee of \$125.00. (exc	ept for profe		00)		\$125.00	
	Base Fee of \$125.00. (exc Total Amount Due or Pro	ept for profe	Option. (\$400 per practition of Dunwoody. Please	00) ner only if a mail to 41	llowed by O.C.G.	\$125.00 A.) \$	
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O.C.G.A. § 50-36-1(e)(2) Affidavit Verifying Status for City Public Benefit

This form is required for ALL LICENSES/PERMITS by State Law. Please note that all applicants who fail to submit this Affidavit must be reported by law to the Department of Community Affairs

[type of public benefit], a	under oath, as an applicant for a(n) as referenced in O.C.G.A. § 50-36-1, after one of the following with respect to	from the City of Dunwoody, Georgia, the
	a United States citizen either current State Driver's License, Pa	assport, or Military ID)
(Must include a copy	a legal permanent resident of the Unit of your current State Driver's Licens oyment Authorization Card)	ted States** se and either a copy of your Permanent
and Secu (Must include a copy	a qualified alien or non-immigrant und Nationality Act with an alien number is rity or other federal immigration agend of your current State Driver's Licens oyment Authorization Card)	sued by the Department of Homeland
	y alien number issued by the Departm gration agency is:	ent of Homeland Security or other federal
		18 years of age or older and has provided G.A. § 50-36-1(e)(1), with this affidavit.
The secure and verifiable	document provided with this affidavit c	can best be classified as:
makes a false, fictitious,		nat any person who knowingly and willfully tation in an affidavit shall be guilty of a allowed by such criminal statute.
Executed in Dunwoody, G	eorgia.	
	Signature of Applicant	Date
	Printed Name of Applicant	
SUBSCRIBED AND SWORM	BEFORE ME ON THIS THE DAY	OF, 20
NOTARY PUBLIC/SEAL	My Commission	n Expires: